IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application For Improvement Permit

ALL items on this application form must be completed before Health Department can begin work. Application must be completed by the property owner or agent for each proposed site.

PERSONAL INFORMATION:

Ryan Homes — 704-535-0182 — 6935 Fairview Rd — Charlotte — NC — 28212
Applicant (Builder) — Phone # — Mailing Address — City — State — Zip Code

Tim Pettyjohn — (704) 664-2447 — Same — NC — 28105
Current Property Owner — Mailing Address — City — State — Zip Code

PROPERTY INFORMATION:

St. Andrews — 4 — n/a — [illegible]
(Proposed) Subdivision Name — (Proposed) Lot # — Proposed Street Address — Site Sketch #

Community — [illegible] — CM-168-A-4
(Proposed) Water Supply: Public, Private Well — Preliminary Determination Date (DEVELOPER'S INITIAL) — Permit No.

Specific Directions to Property: Take I-77 North to Statesville Blvd. Exit. Turn left at Statesville Blvd. to Old Mocksville Road. Turn left. Old Mocksville Road to [illegible] Road. Turn left at [illegible] Road. House is located on right side and left on [illegible].

TYPE OF FACILITY: (use # of bedrooms or number as appropriate)

House 3 — Mobile Home ___ — Commercial ___ — NO. Bedrooms 3 — No. Baths 2½

No. Persons or Employees (commercial only): ___ Restaurant ___ Seasonal ___ Swimming Pool ___

Crawl Space ___ Concrete Slab ___ Garbage Disposal ___ Jacuzzi or Spa ___

COVENANT AND SIGNATURE:

I hereby make application to the Iredell County Health Department for a soil/site evaluation of the property described above. This evaluation is to be conducted for the sole purpose of evaluating a septic system improvement Permit. I hereby authorize Iredell County Health Department representatives to go onto the above property for purposes of conducting this evaluation. I understand that, by state law, any Improvement Permit issued on the above property may be voided if substantial changes are made to the designated sewage system site. The issuance of an Improvement Permit by the Iredell County Health Department does not relieve me from complying with all other relevant or additional laws or regulations. As owner or authorized agent, I covenant that the contents of this application are true and represent the maximum facilities intended to be placed on this property to my knowledge to date.

I understand that any Improvement Permit issued on the above property is valid for five (5) years from the issuance date and is subject to revocation if the above described site plans or intended use changes.

11/19/91 DATE — [signature] SIGNATURE OF OWNER/AUTHORIZED AGENT